Form 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**01** 

Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

i i i i		ne 2001 colendar year or tay year haginging 1	2001 -	nd anding	20
A		ne 2001 calendar year, or tax year beginning		nd ending	Employer identification number
В	Check if	applicable J ASSOCIATED RECREATION COUNCIL		ا 33 آم	
	Address	schange u 100 DEXTER AVE N	_	R + 2	1011011
	Name o	hange   SEATTLE WA 98109~5102	В	16 # S *   E	Telephone number
	lnıbal re	itum s			D061233-7005
	Final re	tum lr		,	Accounting method: Cash Caccrual
	Amendo	ed return			Other (specify) >
	Applicat	ion pending • Section 501(c)(3) organizations and 4947(a)(1) nonexemp		• • • • • • • • • • • • • • • • • • • •	oplicable to section 527 organizations.
	•	trusts must attach a completed Schedule A (Form 990 or 9	90-EZ)		up return for affiliates? LYes SolNo
G_	Web si	te ►		1 ' '	er number of affiliates >
J	Organi	zation type (check only one) ► □ 501(c) ( 3 ) < (insert no ) □ 4947(a)(1	) or 🔲 52	1 ' '	ites included? A/A L Yes L No ach a list See instructions)
ĸ	Check	here I if the organization's gross receipts are normally not more than	\$25 000 The	H(d) is this a sepa	rate return filed by an
		ation need not file a return with the IRS, but if the organization received a Form			covered by a group ruling? Yes No
	in the it	nail it should file a return without financial data. Some states require a completi	e retum	I Enter 4-digit	<del></del>
L	Gross	receipts Add lines 6b, 8b 9b, and 10b to line 12 ▶			if the organization is not required ch B (Form 990, 990-EZ or 990-PF)
P	art·I.	Revenue, Expenses, and Changes in Net Assets or f	und Bal	ances (See Spe	cific Instructions on page 16)
	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a		
	1	Indirect public support	1b		
	c	Government contributions (grants)	1c		
			sh \$	)	1d
2	2	Program service revenue including government fees and contract	ts (from P	art VII, line 93)	21 22,192
8	13	Membelship dues and assessments	•	,	3
<del>/-</del> -	4	Interest por sa HAD and Bertandary person investments			4 8,339
_	15	Dividends and interest from securities			5
MAY 1-1-2002	6a		6a		
-	Ь.	Less rental expenses Less rental expenses	6b		
ļu	C	Net rental income or (loss)-(subtract line 6b from line 6a)			6c
<b>₩</b> .	7	Other investment income (describe		}	7
ENVELOPE POSTMARKIDATE	.8a	Gross amount from sales of assets other (A) Securities		(B) Other	
<u>₩</u> .\$	' ' '	than inventory RECEIVED	8a		
	, ь	Less cost or other basis and sales expenses	8b		
્ટ્રે	, .	Call of (Leaf (attack) Schicodistre	8c		
` •	d	Net gain parest learning and (B)			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (1) (C) To Total 9 1 T of			
		contributions reported on line 1a)	9a		
m	Ь	Less direct expenses other than fundraising expenses	9b		
ຼົດ		Net income or (loss) from special events (subtract line 9b fro	m line 9a)	<del>_</del>	9c
SCANNED		Gross sales of inventory less returns and allowances	10a		
Ź	Ь	Less cost of goods sold	10b_		
Ш	c		act line 10	b from line 10a)	10c
Ü	11	Other revenue (from Part VII, line 103)		,	11 263, 952
<b>د</b>	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1	1)		12 0294 483
Resour TOUT BEEN NO.	13	Program services (from line 44, column (B))	-		13
	14	Management and general (from line 44, column (C))			14 304 910
at	15	Fundraising (from line 44, column (D))			15
<u>_</u>	16	Payments to affiliates (attach schedule)			16
ĕ	17	Total expenses (add lines 16 and 44 column (A))			17 304 910
itsZ	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 (10,427)
586	19	Net assets or fund balances at beginning of year (from line 7	3, column	ı (A))	19 94 793
7	20	Other changes in net assets or fund balances (attach explan		· 5 71	20
<b>₹</b>	20 221	Net assets or fund balances at end of year (combine lines 18, 19	and 20)		21 84,366
		work Reduction Act Notice, see the separate instructions		Cat No 11	_ /

1

24

Pa					required for section 501(c) (See Specific Instructions	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$)	22				
23	Specific assistance to individuals (attach schedule)	23			-\/////////////////////////////////////	
24	Benefits paid to or for members (attach schedule)	24	47 855	<del></del>		
25	Compensation of officers, directors, etc	25	40.55-	<del> </del>	95532	
26	Other salaries and wages	26	106,349		106, 349	
27	Pension plan contributions	27		<u> </u>	<u> </u>	
28	Other employee benefits	28	13,219		13,219	
29	Payroll taxes	29	18,499	<del></del>	18,499	
30	Professional fundraising fees	30	111 - 21	<u> </u>		
31	Accounting fees	31	14,280	<del></del>	14,280	
32	Legal fees	32			111 0 110	
33	Supplies	33	17,570		11,570	
34	Telephone	34	942	<u> </u>	942	
35	Postage and shipping	35	4974	<u> </u>	4974	
36	Occupancy	36			<u> </u>	
37	Equipment rental and maintenance	37	587		587	
38	Printing and publications	38			, , , , , , , , , , , , , , , , , , ,	
39	Travel	39	4147		4/47	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				<del></del>
<b>43</b>	Other expenses not covered above (itemize) a	43a				
þ		43b				
С		43c				
đ		43d		<u></u>		
е	Statement	43e	31,011		21.011	
14	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13—15	44	304910	0	304910	0-
	t Costs. Check ► ☐ If you are following SOP					Yes 🔀
	ny joint costs from a combined educational campaign is." enter (i) the aggregate amount of these joint cost					
	es. Terrier (i) the aggregate amount of these joint cost as amount allocated to Management and general \$		and (iv) th			
	till Statement of Program Service Acc					<u> </u>
			- 40 4	A A	don's on page 24	Program Service
All or of cla	t is the organization's primary exempt purpose? ganizations must describe their exempt purpose at ents served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt chantable trusts	chieve:	ments in a clear ar ents that are not n	neasurable (Section	on 501(c)(3) and (4)	Expenses (Required for 501(c)(3) a (4) orgs. and 4947(a)(i) trusts, but optional for
a	N/4					others.)
-	(0	Brants	and allocations	<u> </u>	)	
Ь						
					• •	
•		arants	and allocations	\$	)	
c .						
	• • • • • • • • •					
_	(0	<u>arants</u>	and allocations	\$		
đ			<i></i>		·· ··· ·	
			•			
		· ·		e · ····· ·		
. =			and allocations	\$	)	<del></del> _
_	otal of Program Services (attach schedule) (G		and allocations	\$		

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		Where required, attached schedules and amounts	within the description	(A)	Γ	(B)
		column should be for end-of-year amounts only	· 	(A) Beginning of year	-	(B) End of year
	45	Cash—non-interest-bearing		107,210	45	106,401
	46	Savings and temporary cash investments	•		46	
	1		أالمحدا			
		Accounts receivable	47a			
	6	Less allowance for doubtful accounts	47b		47c	
		<b>-</b>	//////////////////////////////////////			
	1	Pledges receivable	48b		48c	
	49	Less allowance for doubtful accounts  Grants receivable	400		49	
	50	Receivables from officers, directors, truste	es, and key employees			
	ļ	(attach schedule)			50	
	51a	Other notes and loans receivable (attach	1 1			
Assets		schedule)	51a			
55	i –	Less allowance for doubtful accounts	516		51c	<u> </u>
_	52	Inventories for sale or use	ì	2512 -	52	1354 -
	53	Prepaid expenses and deferred charges	► ☐ Cost ☐ FMV	2015	54	7507
	54	investments—securities (attach schedule)	► □ Cost □ FMV			
	558	Investments—land, buildings, and	55a			
	_	equipment basis	000			
	"	Less accumulated depreciation (attach schedule)	55b		55c	
	56	investments—other (attach schedule)			56	
		Land, buildings, and equipment basis	57a			
	I	Less accumulated depreciation (attach				
	-	schedule)	57ь	··— <u>—</u> - ·——	57c	
	58	Other assets (describe ►			58	
	59	Total assets (add lines 45 through 58) (mus	t equal line 74)	109,783	59	108255
	60	Accounts payable and accrued expenses	2603	60	3362	
ĺ	61	Grants payable		61	}	
	62	Deferred revenue	,		62	<u></u>
Jes	63	Loans from officers, directors, trustees, and				
Ę.		schedule)		63		
Liabilities	1	Tax-exempt bond liabilities (attach schedule)			64a	
_		Mortgages and other notes payable (attach of the liabilities (describe ►	schedule)	12388	64b	20,527
	65	Other liabilities (describe	<del>~~~</del> / }	<u> </u>	03	<u> </u>
	66	Total liabilities (add lines 60 through 65)		14,990	66	23,889
	Orga	nizations that follow SFAS 117, check here	and complete lines	-		23,881
Ş		67 through 69 and lines 73 and 74		94192		94366
ĕ	67	Unrestricted	}		67	01,000
ala	68	Temporarily restricted			68 69	
P	69	Permanently restricted		<del></del>		<del></del>
Fun	Orga	nizations that do not follow SFAS 117, check complete lines 70 through 74	there ► □ and			
ō	70	Capital stock, trust principal, or current fund		<del></del>	70	
ets	71	Paid-in or capital surplus, or land, building,			71	
455	72	Retained earnings, endowment, accumulated		<del></del>	72	
Net Assets or Fund Balances	73	Total net assets or fund balances (add line 70 through 72,	<del>-</del>	94794		24366
	74	column (A) must equal line 19, column (B) m		10000	73	10000
	74	Total liabilities and net assets / fund balance	es (add lines 66 and 73)	107,783	74	100,000

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form	990	(2001)	

Page 4

Part IV-A	Reconciliation of Revenu Financial Statements with Return (See Specific Instru	n Revenue i	per (	F	leconciliation of inancial Staten leturn		
per audite b Amounts	nue, gains, and other support of financial statements  Included on line a but not on	a 3	63/ b	audited fir Amounts i	penses and lo nancial statemen included on line	ts 🕨	304.91 <i>6</i>
line 12, Fo (1) Net unreal on investo	lized gains		(1)	On line 17, Donated and use of			
(2) Donated and use of (3) Recovered	of facilities \$		(2)	Prior year ac reported on Form 990	ijustments		
year gran (4) Other (spe	ts <u>\$</u>			Losses rep line 20, For	rm 990 <u>\$</u>		
 Add amou	sints on lines (1) through (4) ▶	ь	(4)	Other (spe	ecify)		
c Line a mii d Amounts	• • • • • • • • • • • • • • • • • • • •	c 31	631 c	Line a min Amounts i	nts on lines (1) thi lius line b ncluded on line but not on line a	17,	6 304 910
(1) Investment not include 6b, Form 9 (2) Other (spe	ed on line 190 <b>\$</b>			Investment not include 6b, Form 99 Other (spe	d on line 90 <u>\$</u>		
	unts on lines (1) and (2) Prinué per line 12, Form 990	0 2 G 0 294	152 483°		sints on lines (1) anses per line 17, is line d)	and (2) > -	304.91
	t of Officers, Directors, T ructions on page 26)				each one even	if not compen	sated, see Specifi
11-1-1	(A) Name and address		(B) Title and ave		(If not paid, enter	employee benefit plans deferred compensatio	& account and other
			- <del></del>		93,332	4013	
	· · · ·			<u></u>			
			···-				
······································	·· ·· · · · · · · · · · · · · · · · ·						
· · · ·	······································						
·	· · · · · ·						
· · · · · ·		• • •					
organizatio	ricer, director, trustee, or key en n and all related organizations, c ttach schedule—see Specific	of which more	than \$10,000	was provided	of more than \$100 by the related org	),000 from your anizations?	☐ Yes <b>A</b> No

Pa	t*Vi Other Information (See Specific Instructions on page 27)		Yes	No
6	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
7	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Y
	If "Yes," attach a conformed copy of the changes			
8a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		_X_
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		¥_
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
0a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
ь	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt OR nonexempt			
1a	Enter direct or indirect political expenditures. See line 81 instructions.			
	Did the organization file Form 1120-POL for this year?	81Ь		_X_
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		
ь	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II (See instructions in Part III)			//////
За	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	83ь	$\succeq$	' 
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u>Ý</u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84ь		
5	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85ь		****
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the pnor year			
С	Dues, assessments, and similar amounts from members [85c] $V/A$			
d	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			MM.
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		, <u>.</u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	1 1	- 1	
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax		1	
	year?	85h	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
þ	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
7	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)		MA	///////.
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections	1 1		V
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		
9a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
þ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction.	1 1	l	
	dunng the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	l l	- 1	V
	a statement explaining each transaction	89b	!	<u>~</u>
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under		Δ	
	sections 4912, 4955, and 4958		70	
	Enter Amount of tax on line 89c, above, reimbursed by the organization		-0	
	List the states with which a copy of this return is filed ▶		ر	<b>-</b> -
þ	Number of employees employed in the pay penod that includes March 12, 2001 (See instructions)		_2_	<del></del>
1	The books are in care of ▶ DOUDEIS CIMPLIDA Telephone no ▶606 12	33-	700	ນຼ
	Located at > 100. DEXTER AVE . N. SCATTLE + W.A ZIP + 4 > . 48109	-	-	-,
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here	111	, •	<u>ا</u>
	and enter the amount of tax-exempt interest received or accrued during the tax year	NJH	+	

mounts unless otherwise		usiness income	<del></del>	tion 512, 513, or 514	(E) Related or
ce revenue	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt functio
					22,192
-					/
					]
icaid payments					
	cies				
ues and assessments		<u> </u>		_	<u></u>
gs and temporary cash investme	ents		14	8339	
ome or (loss) from real estate					
·					
ced property					
e or (loss) from personal prope	erty				
					ļ <u> </u>
m sales of assets other than inven	tory				<u></u>
		1			
(loss) from sales of inventor	y 1	<u> </u>			<u> </u>
a ARC SVC Rees Cay	ned	L	<u> </u>		2/02.85
Fees			01	1100	
				·	
columns (B), (D), and (E))				9439	285.04
	(E))			> 29	4.483
ine 1d, Part I, should equal	the amount on line	12, Part I			
nship of Activities to the	Accomplishment o	f Exempt Purp	oses (See Sp	ecific Instruction	ons on page 3
				portantly to the	accomplishment
				411 D P.	tu-tu
us fles careine	o assess	in your	pr pr	aug and	was in
- T- 01 - H	0.4070	11/2	0 1.1	1/ // -	7. 4. 4. 4
-pas Charces 4				en ace	manuey
tide Bearding Toyoble St				fic Instructions	00 0300 331
(A)	( <u>(é)</u>				
and EIN of corporation,	Percentage of	A1		Total income	(E) End-of-year
or disregarded entity	<del>                                     </del>		-		assets
<del>-</del>	<del></del>				<del> </del>
<del></del>				·	<del> </del>
<del>-</del>		<del></del> -		<del></del>	<del> </del>
Na Danida Talia			- <del></del>		20 00 0000 22 \
	dues and assessments ags and temporary cash investmes and temporary cash investmes and temporary cash investmes are considered from securities are or (loss) from real estate property as or (loss) from personal property and colored from special events are closs) from special events are closs) from sales of inventor are colored fro	dicaid payments racts from government agencies dues and assessments dues and temporary cash investments directly from securities dome or (loss) from real estate property deed property	Busness code Amount  Ilicaid payments racts from government agencies flues and assessments flues and assessments flues and emporary cash investments Interest from securities flow or (loss) from real estate property floe or (loss) from personal property ent income in sales of assets other than inventory floss) from special events floss) from sales of inventory a ALC Six flue Caund  Feed  Columns (B), (D), and (E)  Inship of Activities to the Accomplishment of Exempt Purp flow each activity for which income is reported in column (E) of Part Vi ganization's exempt purposes (other than by providing funds for such flue flue Reserved & Asset Caund Cram  A Feed Charlet All Ulverry Feed  And ElN of corporation, or disregarded entity  (A)  (B)  Percentage of ownership interest  Nature of a  %  %  thon Regarding Transfers Associated with Personal Benefit Cor	Busness code Amount Exclusion code  Amount Exclusion code  Amount Exclusion code  Amount Exclusion code  Amount Exclusion code  Amount Exclusion code  Amount Exclusion code  Columns (as and temporary cash investments)  Interest from securities  Interes	Busness code Amount Exclusion code Amount  Ex

#### SCHEDULE A

(Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	➤ MUST be completed by th	e above organizations and		-	
Name of the organization	<del></del>	creation Co		Employer Identifica	tion number
	ensation of the Five High				nd Trustees
(a) Name and address	of each employee paid more \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None					
	· · · · · · · · · · · · · · · · · · ·				
					·
\$50,000	ner employees paid over	0			
	ensation of the Five High ge 2 of the instructions. Lis				
(a) Name and add	tress of each independent contractor	paid more than \$50,000	(b) Type	of servica	(c) Compensation
None_			-		
		······································			
		· · · · · · · · · · · · · · · · · · ·			
			ľ	i	
	·· ·· · · · · · · · · · · · · · · · ·		•		
	receiving over \$50,000 for		•		

Sche	dule A (Form 990 or 990-EZ) 2001	<del></del> -	P	age 2
Pa	rt III Statements About Activities (See page 2 of the instructions )		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		X.
b	Lending of money or other extension of credit?	2ь		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Part V, 990	2d	X	

Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

e Transfer of any part of its income or assets?

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions	)
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The	orga	anization is not a private foundation because it is (Please check only ONE applicable box)	
5		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)	
6		A school Section 170(b)(1)(A)(ii) (Also complete Part V)	
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)	
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)	
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter	the hospital's name, city,
		and state ▶	
10		An organization operated for the benefit of a college or university owned or operated by a governmental u (Also complete the Support Schedule in Part IV-A)	nit Section 170(b)(1)(A)(iv)
11a		An organization that normally receives a substantial part of its support from a governmental unit of Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	r from the general public
11b		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)	
12		An organization that normally receives (1) more than 331/2% of its support from contributions, me	mbership fees, and gross
		receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2	
		its support from gross investment income and unrelated business taxable income (less section 511 tax)	
	,	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule	
13	X	An organization that is not controlled by any disqualified persons (other than foundation managers) a described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test section 509(a)(3))	nd supports organizations of section 509(a)(2) (See
		Provide the following information about the supported organizations (See page 5 of the inst	ructions )
		(a) Name(s) of supported organization(s)	(b) Line number
		(a) Name(s) of Supported Organization(s)	from above
		De altache Scheduce	
	/	/	

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)



2e

Sche	dule A (Form 990 or 990-EZ) 2001					Page 3
	rt IV-A Support Schedule (Complete onle You may use the worksheet in the instructions					
	ndar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16	Membership fees received			<del> </del>		<del></del>
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's chantable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18	<u> </u>				
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	10-	-0	-0-	4	<del>20-</del>
24	Line 23 minus line 17			<del> </del>		
25	Enter 1% of line 23	/		<del></del>		
 26	Organizations described on lines 10 or 11	a Enter 2% of	amount in colum	nn (e) line 24	▶ 268	I N/A
	Prepare a list for your records to show the nar governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list w	me of and amoun zation) whose tota rith your return. E	it contributed by al gifts for 1997 t inter the total of a	each person (oth hrough 2000 exce	er than a seded the nounts > 26b	NIA.
С	Total support for section 509(a)(1) test. Enter li				► 26c	
d		<del></del>		<del></del>		
e f	Public support (line 26c minus line 26d total)	ator) divided by I			► 266 ► 266 ► 261	N/A
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts re	ceived in each ye:		
b	(2000) (1999)	ved from each per year, that was mo 5 through 11, as v	son (other than "ore than the larger vell as individuals	disqualified person r of (1) the amount ) Do not file this li	s*), prepare a list on line 25 for the st with your retu	year or (2) \$5,000 im After computing
			(1998) .		(1997)	
С			16 21		▶ 276	· · · · · · · · · · · · · · · · · · ·
ď	Add Line 27a total	and line 27b tota	ıl <u></u>		▶ 270	<del></del>
/e	Public support (line 27c total minus line 27d to	otal)			► 27€	
f				► <u>271</u>	V/A _ /////	DUMANAN SANTAN SANTA
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu				▶     27g       atorl)     ▶     27h	<del>                                     </del>
28	Unusual Grants For an organization describe prepare a list for your records to show for ea description of the nature of the grant. Do not to	ich year, the nam	ie of the contribi	utor, the date and	amount of the	grant, and a bnef

Pa	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	JA	<u> </u>	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves?  If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		,,,,,,,
	If you answered "No" to any of the above, please explain (by you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
Ь	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
•	Educational policies?	33e		
ſ	Use of facilities?	331		· <u></u>
g	Athletic programs?	33g	-	
ħ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	_	
ь	Has the organization's right to such aid ever been revoked or suspended?	34b		<del>,,,,</del>
/	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule & Form	000 05	090-F7	2001

	rt VI-A Lobbying Expenditures by E (To be completed ONLY by ar	n eligible organ	zation that file	d Form 5	768)		NA
Che	ck ► a	ated group Chi	eck ► b 🔲 if	you checke	d "a" a	nd "limited control"	provisions apply
	Limits on Lobbyi (The term "expenditures" mea	• •				(a) Affiliated group totals	(b) To be completed for ALL electing organizations
 36	Total lobbying expenditures to influence public				36	NIA	
30 37	Total lobbying expenditures to influence a legi		•		37	111	
38	Total lobbying expenditures (add lines 36 and	• •	o. 1000yii.ig,		38		
39	Other exempt purpose expenditures	J.,			39		
40	Total exempt purpose expenditures (add lines	38 and 39)			40		
41	Lobbying nontaxable amount. Enter the amount	nt from the follow	ring table—				
	If the amount on line 40 is— The lobbying nontaxable amount is—						
		of the amount on					
		00 plus 15% of th			41		
	•	00 plus 10% of the					
	Over \$1,500,000 but not over \$17,000,000 \$225,0 Over \$17,000,000 \$1,000	•	excess over \$1,50	,000			
42	Grassroots nontaxable amount (enter 25% of	,			42_		
43	Subtract line 42 from line 36 Enter -0- if line 4		ne 36		43		
44	Subtract line 41 from line 38 Enter -0- if line 4				44		
	Carridge If there is no amount on either line of	0	must file Come 47	, oo			
	Caution If there is an amount on either line 4.				<u> </u>		
	4-Year Av (Some organizations that made a section	eraging Period				five columns by	alow
	See the instructions if						51 <b>0 41</b>
	· · · · · · · · · · · · · · · · · · ·	Lot	bying Expenditi	ıres Dunn	g 4-Ye	ar Averaging Pe	enod N/A
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2001	2000	199	9	1998	Total
45	Lobbying nontaxable amount						<b>A</b>
~	Loopying Homanable amount						
46	Lobbying ceiling amount (150% of line 45(e))						0
							4
47	Total lobbying expenditures					<del></del>	8
4D	Constructs postavable amount		}	1			0
48	Grassroots nontaxable amount						1
49	Grassroots ceiling amount (150% of line 48(e))						.O
50	Grassroots lobbying expenditures						
	rt VI-B Lobbying Activity by Nonelec	cting Public C	harities				NA
Pa	(For reporting only by organiza						,, -

- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g. Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- I Total lobbying expenditures (Add lines c through h)
  - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Pa	rt V		n Regarding Tr rganizations (Se	ansfers To and Transacti se page 12 of the instructi	ons and Relationships With No	oncharita	ble	age
51	501	(c) of the Code (ot	her than section 5	ne following with any other organization 527, relating to political organiza	on describe	d in s	ectio	
а	Tra	nsfers from the rep	orting organization	to a noncharitable exempt or	ganization of		Yes	No
	(ī)	Cash				51a(ı)	<u> </u>	X
	(iı)	Other assets				a(iı)		$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$
þ	Oth	er transactions				-		
	(ı)	(i) Sales or exchanges of assets with a noncharitable exempt organization						X
	(tī)	Purchases of ass	ets from a noncha	ntable exempt organization		b(11)		X
	(iii)	Rental of facilities	s, equipment, or ot	her assets		b(m)		X
	(iv)	Reimbursement a	arrangements			b(iv)		X
	(v)	Loans or loan gua	arantees			b(v)		
	(vi)	Performance of s	ervices or member	ship or fundraising solicitations	3	b(vi)		X
C				ists, other assets, or paid emp		C		X
	If th	e answer to any of t ds, other assets, or	the above is "Yes," services given by the	complete the following schedule ne reporting organization. If the c	Column (b) should always show the factorization received less than fair mark ods, other assets, or services received	ir market val et value in a	ue of	the
(4	<b>)</b>	(b)		(c)	(d)		<del>-1.</del>	
Line	no,	Amount involved	Name of non	chantable exempt organization	Description of transfers transactions ar	nd shanng arr	angeme	ents
	_							
_								
		· -			<del></del>		-	
	desc	cribed in section 50 es," complete the	01(c) of the Code (	other than section 501(c)(3)) or		_	<b>Þ</b>	/ No
(a) Name of organization			ation	(b) Type of organization	(c) Description of relation	iship		
		<del></del>	<del></del>					
		· · · · · · · · · · · · · · · · · · ·	<del></del>					
		<del></del>	<del></del>		<u> </u>			
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					Schedule A (F	orm 990 or 9	90-EZ)	2001

### ASSOCIATED RECREATION COUNCIL

TOTAL TO FORM 990, PART IV-A

### 51-0170717

FORM 990 OTHER EXPENSES				STATEMENT 1
	TOTAL		MANAGEMENT AND GENERAL	FUNDRAISING
MISCELLANEIOUS	11,750	SERVICES	11,750	
EQUIPMENT PURCHASE	0 11,730		11,730	
INSURANCE	7,928		7,928	
AWARDS & TROPHIES	0			
REGISTRATION FEES	497		497	
DUES & SUBSCRIPTIONS	168		168	
MARKETING	526		526	
OUTSIDE SERVICES	4,519		4,519	
LICENSES	<u>5,623</u>		<u>5,623</u>	
TOTAL TO FM 990 , LN 43	31,011	0	31,011	0
PART III  EXPLANATION  ADMINISTRATION OF EXEMPT GROUP  ACTIVITIES	THAT PRO\	/IDES RECR	EATION/EDUCATI	ON
FORM 990 OTHER LIABILITIES				STATEMENT 3
DESCRIPTION				
ACCRUED PAYROLL TAXES				19,313
SALES & EXCISE TAX PAYABLE				1,214
TOTAL TO FORM 990, PART IV, LINE 65	COLUMN E	3		20,527
FORM 990 OTHER REVENUE INCLUDED ON FORM	1 990			STATEMENT 4
<u>DESCRIPTION</u> ARC FEES RÉCEIVED, ELIMINATED IN C	CONSOLIDA	TION		262,852

262,852

## ASSOCIATED RECREATION COUNCIL 100 DEXTER AVE NO SEATTLE, WA 98109

12/31/2001

FED I D. 91-116170

GROUP RETURN 2757

TAX NUMBER_	(A) NAME OF SUPPORTED ORGANIZATION	(B) BOX NO
51-0209850	SPORTS ADVISORY COUNCIL	40
51-02098394	JEFFERSON ADVISORY COUNCIL	13
		13
51-0208300	OUTDOOR RECREATION COUNCIL (CAMP LONG)	13
51-0208303	SOUTHWEST ADVISORY COUNCIL	13
51-0208304	LANGSTON HUGHES ADVISORY COUNCIL	13
51-0208305	MILLER ADVISORY COUNCIL	13
51-0208306	GARFIELD ADVISORY COUNCIL	13
91-2089008	GARFIELD TEEN LIFE CENTER ADVISORY COUNCIL	
51-0208308	ALKI ADVISORY COUNCIL	13
91-0863529	SPECIAL PROGRAMS ADVISORY COUNCIL	13
51-0208310	RAINIER BEACH ADVISORY COUNCIL	13
51-0208365	RAINIER ADVISORY COUNCIL	13
51-0208311	BALLARD ADVISORY COUNCIL	13
51-0208316	LOYAL HEIGHTS ADVISORY COUNCIL	13
51-0208319	MAGNOLIA ADVISORY COUNCIL	13
51-0208322	QUEEN ANNE ADVISORY COUNCIL	13
51-0208328	HIAWATHA ADVISORY COUNCIL	13
51-0208332	SENIOR ADULTS ADVISORY COUNCIL	13
51-0208336	MEADOWBROOK ADVISORY COUNCIL	13
51-0208342	VAN ASSELT ADVISORY COUNCIL	13
51-0208348	HIGH POINT ADVISORY COUNCIL	13
91-1186082	DISCOVERY PARK ADVISORY COUNCIL	13
51-0208352	DELRIDGE ADVISORY COUNCIL	13
94-3208854	CARKEEK PARK ADVISORY COUNCIL	13
51-1186088	LAURELHURST ADVISORY COUNCIL	13
51-0208357	SOUTH PARK ADVISORY COUNCIL	13
91-1177413	BITTER LAKE ADVISORY COUNCIL	13
91-1186085	GREEN LAKE ADVISORY COUNCIL	13
91-1351757	RAVENNA-ECKSTEIN ADVISORY COUNCIL	13
91-2085232	JAPANESE GARDENS ADVISORY COUNCIL	13
91-1186091	TENNIS ADVISORY COUNCIL	13
91-1209760	SEATTLE CANOE ADVISORY COUNCIL	13
91-1190194	SEATTLE ROWING ADVISORY COUNCIL	13
91-0987497	MONTLAKE ADVISORY COUNCIL	13
91-1558922	YESLER ADVISORY COUNCIL	13
91-1293949	MT BAKER BOATING ADVISORY COUNCIL	13
91-2152536	SAND POINT TRADITIONS ADVISORY COUNCIL	13

#### **ATTACHMENT 1**

**Associated Recreation Council** Group Return 100 Dexter Avenue North Seattle, Wa 98109

Seattle, WA 98108

List of Officers, Directors, Trustees Federal I D No 51-0170717 and Key Employees

**Group Return 2757** 

(A) Name and Address (B) Title and Average (C) Compensation (D) Contributions to (E) Expense Acct emplpyee benefit plan hours per week and other allowances devoted to position & deferred compensation President 0 0 0 Jackie Ramels 5722 SW Admiral Way 3 hours Seattle, WA 98116 Vice President 0 o 0 Tim Amen 20807 32nd PI W 1 hour Lynwood, Wa 98036 0 a 0 Anna Martin Secreatary 5418 57th Ave S 1 hour Seattle, Wa 98118 Director 0 0 0 Larry Luke 15747 Greenwood Ave N 1/2 hour Seattle, WA 98133 0 0 0 Director Tom Langley 10115 Greenwood Ave N #254 1/2 hour Seattle, WA 98133-9197 Director 0 0 0 Kıkı Hendren 2801 NW 60th 1/2 hour Seattle, WA 98107 0 0 0 Cheryl L Dyer Director 8808 28th Ave NW 1/2 hour Seattle, WA 98117 0 Edward Hiroo Director 0 0 25913 141st Ave SE 1/2 hour Kent, WA 98042 Fabiola Woods Director 0 0 3904 MLK Way S #20 1/2 hour

Cleo Peifer 4746 Delridge Way SW Seattle, WA 98106	Director 1/2 hour	0	0	0	
Bruce Bentley 1613 SW Austin ST Seattle, WA 98106	Director 1/2 hour	0	0	0	
Mele Feiloakitua 1624 14th Avenue Seattle, WA 98122-4026	Director 1/2 hour	0	0	0	
P T Martin 10024 40th Ave NE Seattle, WA 98125	Director 1/2 hour	0	0	0	
James Luster 9630 55th Ave S Seattle, WA 98118-5707	Director 1/2 hour	0	0	0	
William Lowe 2107 Republican St Seattle, WA 98112	Director 1/2 hour	0	0	0	
Bill Kelter c/o Associated Recreation Council 100 Dexter Ave N Seattle, WA 98109	Executive Director 30 hours	49656	21	35	
Doloris Charlton c/o Associated Recreation Council 100 Dexter Ave N Seattle, WA 98109	Accounting Manager 40 hours Key Employee	43676	18	78	